

Advance Vaccine Consent

In accordance with Tennessee Code Annotated 63-1, my signature below indicates that I consent for Athens Pediatrics, PLLC and its staff to provider vaccinations for my child/ children.

I attest that I am the parent or legal guardian of the following child/children:

I consent for (check one)

All vaccines recommended for my child by the AAP.
Athens Pediatrics, PLLC will not administer vaccines that are not recommended by American Academy of Pediatrics (AAP).

All vaccines recommended for my child by the AAP, Except for

I understand that I can review the vaccine information sheets (VIS) at Athens Pediatrics, PLLC or by going to <https://www.immunize.org/vis/>

I understand that having my signature on file with Athens Pediatrics, PLLC in this way means that non-parent, non-legal- guardian caregivers who bring my child to appointments where vaccinations may be given need not provide formal consent for vaccines. My written consent as a parent/ legal guardian is adequate for vaccination.

Parent Name (print) Parent Signature Date

The caregiver(s) listed below are authorized to seek medical care for my child/children at Athens Pediatrics, PLLC. This includes scheduling and canceling appointments, attending medical appointments and making medical decisions in my absence. This consists of, but not limited to, necessary medications, procedures and vaccinations.

I understand that I can revoke this authorization for any or all of these individuals at any time by contacting the office @ 423-745-5955.

Caregiver Fill Name	Relationship	Contact Information
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____